



**THIS IS AN OFFICIAL REQUEST FOR  
MEDICAL RECORDS**

**RECORDS ARE NEEDED  
BY 04/19/2023**

Record Request#: 747121  
Work Order#: 2501574

Request sent: 04/05/2023

Brightseat Health Care  
4333 Old Branch Ave  
Temple Hills, MD 20748  
**10/12/2023  
Status check**

Fax #: 703-991-7778 **Payment of \$215.00 was made on 08/16/2023 for these Medical records.  
Please provide Medical records URGENTLY, thank you.**

We are asking for:

Please return a signed certification of the records (enclosed).

**Medical Records from 10/20/2022 to Present.**

**Specifically: THIS IS NOT A DUPLICATE; please provide Medical Records only for DOS 10/20/2022-Present.  
Thank you!**

**If fees exceed \$250.00, please call or email prior to completing so we may get approval from our client. If  
prepayment is needed please call 763-333-2501. We would prefer to pay by credit card to expedite processing.**

**WE WOULD PREFER TO RECEIVE DIGITAL RECORDS PLEASE**

**FOR RECORDS ON:**

Patient: Joseph, Chantal  
DOB: 04/19/1966  
SSN: XXX-XX-2919  
Maiden/Alias:

**UPLOAD RECORDS TO OUR SECURE  
HIPAA COMPLIANT PORTAL:**

<https://www.americanretrieval.com/for-healthcare-providers>  
**OR EMAIL TO: [scanning@americanretrieval.com](mailto:scanning@americanretrieval.com)**

**Unable to provide records electronically, please fax to 763-233-7301.**

**If you must mail, please mail ASAP to the undersigned.**

**PLEASE INCLUDE THIS COVER PAGE ON TOP WITH DOCUMENT**

We truly appreciate you and all your efforts. All requests completed within the time frame will be entered into a monthly drawing for a gift card for you and/or staff to enjoy. No limit on number of entries.

Sincerely,

Shawn Strong  
Email: [sstrong@americanretrieval.com](mailto:sstrong@americanretrieval.com)  
Address: 100 S Broad St, Suite 1315, Philadelphia, PA, 19110  
Phone: 813-524-5331

## Shawn Strong

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**From:** Cs Healthcare800 <cs@healthcare800.com>  
**Sent:** Tuesday, April 25, 2023 4:14 PM  
**To:** Shawn Strong  
**Subject:** Re: FW: Work Order # 2501574

**CAUTION:** This email originated from outside of American Retrieval. Do not click on any links or open any attachments unless you recognize the sender and know the contents are safe. Questions? Contact IT

Hi Shawn,  
Please follow the link below and send payment for the Medical Notes and or medical bills for each client

Patient List: Chantal Joseph  
New Dates  
Date As Requested not exceeding 12 month or 10 pages  
If exceeded, added quotes for additional payment will apply.

IT Database research - \$125/hr for 1hr = \$125  
Records print \$50 each patient - \$50  
Rush fee - within 24 hours - \$40  
Total \$215 with rush fee  
Pay \$175 if rush fee is not needed

Payment link  
<https://www.healthcare800.com/donation/create>  
Pay by Stripe  
Call - 301-4234551 - for any problems  
Once paid please reply this Email with confirmation of payment  
The IT department would start record extraction processing and return information promptly.

Fanen Zahan  
Healthcare800 IT Specialist

On Tue, Apr 25, 2023 at 2:40 PM Shawn Strong <[sstrong@americanretrieval.com](mailto:sstrong@americanretrieval.com)> wrote:

Hello,

We have not received MR for WO# 2501575 as requested on 04/05/2023. We previously requested records for this patient with different Dates of Service under WO# 2438715, please note that this is NOT A DUPLICATE of the previous request. I have attached the Request and HIPAA authorization for your convenience, please provide an invoice at your earliest convenience. Thank you!

# **Certification**

**Subjects Name**\_\_\_\_\_

**Date of Birth**\_\_\_\_/\_\_\_\_/\_\_\_\_

I,\_\_\_\_\_, certify that the enclosed records are a true  
(Record Custodian Name)

copy of the original records kept in the normal course of business for

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**Facility Name-City-State**

**Number of Pages** \_\_\_\_\_

I also certify that no records have been altered while in my possession of making such copies.

I did omit certain records that were called for in the authorization. Those records are: (type & dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These records were not included because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Record Custodian Signature**

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**Date**

**AUTHORIZATION (HIPAA COMPLIANT) FOR RELEASE OF INFORMATION**TO: Brightseat HealthDATE: 04/05/2023

In accordance with the conditions listed below, I authorize the use and/or disclosure of all my medical and other information to the **LAW OFFICE OF SILVERMAN THOMPSON SLUTKIN AND WHITE**. I hereby authorize you to release copies of the following checked information: **Release To: American Retrieval Company**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> All medical records (A complete copy)        | <input checked="" type="checkbox"/> Videos   | <b>THIS IS NOT A DUPLICATE; please provide Medical Records only for DOS 10/20/2022-Present. Thank you!</b> |
| <input checked="" type="checkbox"/> Mental health records                        | <input checked="" type="checkbox"/> Economic   |  |
| <input checked="" type="checkbox"/> Billing statements and insurance information | <input checked="" type="checkbox"/> Financial  |  |
| <input checked="" type="checkbox"/> Radiological studies and reports             | <input checked="" type="checkbox"/> Employment (including wage loss verification)    |  |
| <input checked="" type="checkbox"/> Pathology material and reports               | <input checked="" type="checkbox"/> Photographs                                      |  |
| <input checked="" type="checkbox"/> Academic or school records                   | <input checked="" type="checkbox"/> All other information and material concerning me |  |

NAME: Chantal Joseph

SS: 083-68-2919

DOB: 04/19/1966

I also authorize you to speak to and disclose orally any information relating to the above person with the members of the law firm of Silverman Thompson Slutkin and White. I also authorize your testimony at deposition or trial at the request of Silverman Thompson Slutkin and White. I further authorize you at the request of the law firm of Silverman Thompson Slutkin and White to provide a written report concerning my condition, its causes, prognosis, and any other matters deemed relevant to a legal claim. **Finally, I request that you do not discuss my care with any attorneys other than those from the law firm of Silverman Thompson Slutkin and White.** The purpose of the release and disclosure of this information is at my request.

I understand that I may revoke this authorization at any time by mailing or faxing my written request along with a copy of the original authorization to the medical records department where my request was made. Also, I may specify a date for expiration, but by law this authorization will expire without my express revocation one year from the date of my signature. Revoking my authorization will not have any effect on actions taken by the health care provider in reliance on this authorization before the health care provider received notice of my revocation. The health care provider may not require me to sign this Authorization in order to receive treatment.

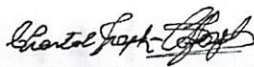
The information to be disclosed may be protected by law. The protected information provided to Silverman Thompson Slutkin and White under this authorization may include diagnosis and treatment information, including information pertaining to chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases (including HIV/AIDS), and/or genetic markers. I understand that information disclosed under this authorization may be redisclosed by Silverman Thompson Slutkin and White and, therefore, no longer protected by federal privacy regulations.

Without my signature, this request to release the information will not be honored.

I understand that the law entitles me to receive a copy of this signed authorization for my records.

04/05/2023

Date

  
 Chantal Joseph

If the patient is unable to authorize disclosure of this information, the reason is set forth here:

*Note to Health Care Provider: This Authorization is provided in compliance with HIPAA regulations. Failure to forward the requested information may render a health care provider liable for damages.*

*A PHOTOCOPY, FACSIMILE OR DIGITALLY-IMAGED COPY OF THIS AUTHORIZATION MAY BE USED IN LIEU OF THE ORIGINAL*

# SILVERMAN THOMPSON

Silverman Thompson Slutkin White

ATTORNEYS AT LAW

*A Limited Liability Company*

400 East Pratt Street  
9th Floor  
Baltimore, Maryland 21202  
Telephone 410.385.2225  
Facsimile 410.547.2432  
**silvermanthompson.com**

*Baltimore | Towson | Washington, DC*

Writer's Direct Contact:

**June 28, 2022**

To Whom It May Concern:

American Retrieval has permission to collect records on behalf of **Silverman Thompson Slutkin & White**. Please send all records directly to American Retrieval, unless told to do otherwise. All inquiries can be directed to American Retrieval by phone or email.

American Retrieval  
2905 Northwest Blvd #228  
Plymouth, MN 55441  
Toll Free Phone: 888-972-9901  
Email: [customerservice@americanretrieval.com](mailto:customerservice@americanretrieval.com)

Sincerely,

Jason T. Wasserman  
Partner